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| PLAINTIFF<br><b>UNITED STATES OF AMERICA</b> | COURT CASE NUMBER<br>2:06cr271-WKW           |
| DEFENDANT<br>COREY HARVEY                    | TYPE OF PROCESS<br>FINAL ORDER OF FORFEITURE |

|                     |  |
|---------------------|--|
| <b>SERVE<br/>AT</b> | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br>ONE SAVAGE ARMS, 12 GAUGE STEVENS MODEL 94, SHOTGUN, BEARING SERIAL NUMBER P687773 |
|                     | .ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)<br>c/o UNITED STATES MARSHALS SERVICE.  |

|   |   |  |
|---|---|--|
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:<br><br>Tommie Brown Hardwick<br>Assistant United States Attorney<br>United States Attorney's Office<br>Post Office Box 197<br>Montgomery, Alabama 36101-0197 | <b>RETURNED AND FILED</b><br><br>AUG 22 | Number of process to be served with this Form - 285<br>1 |
|   |   | Number of parties to be served in this case              |
|   |   | Check for service on U.S.A.                              |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)  
 Asset Identification No. 07-DEA-478331  
 U. S. DISTRICT COURT  
 MIDDLE DIST. OF ALA.

|  |   |                                    |                  |
|--|---|------------------------------------|------------------|
| Signature of Attorney or other Originator requesting service on behalf of:<br><i>Tommie Brown Hardwick</i> | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>(334) 223-7280 | DATE<br>07/17/08 |
|--|---|------------------------------------|------------------|

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

|   |                            |                                    |                                   |   |                        |
|---|----------------------------|------------------------------------|-----------------------------------|---|------------------------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only first USM 285 if more than one USM 285 is submitted) | Total Process<br>No. _____ | District of Origin<br>No. <u>2</u> | District to Serve<br>No. <u>2</u> | Signature of Authorized USMS Deputy or Clerk<br><i>H. Challen</i> | Date<br><u>7/18/08</u> |
|---|----------------------------|------------------------------------|-----------------------------------|---|------------------------|

I hereby certify and return that I have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

|   |   |
|---|---|
| Name and title of individual served (If not shown above). | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |
| Address (complete only if different than shown above)     | Date of Service<br><u>8/20/08</u><br>Time<br>am <u>2:45</u><br>pm <u>6</u>  |
|   | Signature of U.S. Marshal or Deputy<br><i>Kawn A. Shook</i>   |

|                             |   |                |                               |                  |                              |                  |
|-----------------------------|---|----------------|-------------------------------|------------------|------------------------------|------------------|
| Service Fee<br><u>45.00</u> | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges<br><u>45.00</u> | Advance Deposits | Amount Owed to US Marshal or | Amount or Refund |
|-----------------------------|---|----------------|-------------------------------|------------------|------------------------------|------------------|

REMARKS: